

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 006 ****61.25

DOCUMENT # 753027

1. Entity Name

**DELTA EPSILON ZETA CHAPTER OF ZETA PHI BETA
SORORITY, INC.**



Principal Place of Business

**BETA SORORITY, INC.
1358 SIXTH STREET
WEST PALM BEACH FL 33401-3128**

Mailing Address

**BETA SORORITY, INC.
1358 SIXTH STREET
WEST PALM BEACH FL 33401-3128**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1839061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUNNINGS, ELIZABETH S.
1358 SIXTH STREET
WEST PALM BEACH FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **JONES, KETHLEEN**
STREET ADDRESS **1416 N. MANGONIA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VD** ☒ Delete
NAME **COOK, EULA B**
STREET ADDRESS **1209 W. 32ND STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **TD** ☒ Delete
NAME **LAWRENCE, SARAH**
STREET ADDRESS **919 S MANGONIA CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD** ☒ Delete
NAME **NEALY, LAVARNE S.**
STREET ADDRESS **1560-6TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☒ Delete
NAME **CORBETT, BETTY S**
STREET ADDRESS **1540-6TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☒ Addition
NAME **Archbold, Leslie**
STREET ADDRESS **1348 W. 36th St.**
CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **VP** ☒ Change ☐ Addition
NAME **Alvin, Elaine**
STREET ADDRESS **3615 Townhouse Court**
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **TD** ☒ Change ☐ Addition
NAME **Lee, Maude Ford**
STREET ADDRESS **602 Clear Lake Avenue**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☒ Change ☐ Addition
NAME **Nealy, LaVerne**
STREET ADDRESS **1560-6th Street**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **SD** ☒ Change ☐ Addition
NAME **Moore, Natalie**
STREET ADDRESS **16105 Hamlin Blvd.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maude Ford Lee Maude Ford Lee* 2-04-06 (561) 655-9798